

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	12 20 00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/26/02
2	1/26/02
3	1/26/02
4	1/26/02
5	1/26/02
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8	1/26/02
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49	1/26/02
50	1/26/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

09/719359